method of rising is not always present, and usually in these cases the pain is not severe, or is below the popliteal space; otherwise the method is absolutely characteristic of sciatica. SPILLER.

43. COMPLETE ATROPHY OF THE DELTOID WITH VICARIOUS RESTORATION OF FUNCTION. Kennedy (British Medical Journal, June 11, 1898. 1, 1898, p. 1513).

Complete atrophy of the right deltoid following a subcoracoid dislocation from a fall. Two years after the accident the muscle was still useless, but function at the shoulder was almost completely normal, due to the efficient vicarious action of the trapezius, the supraspinatus, the muscles rotating the scapula and to torsion and curvature of the vertebral column. PATRICK.

44. UEBER EINEN FALL VON HYSTERIE MIT UNGEWÖHNLICHEN SYMPTOMEN (DIATHESE DE CONTRACTURE) UND DEREN BEEINFLUSSUNG DURCH HYPNOTISCHE SUGGESTION (Concerning a Case of Hysteria with Unusual Symptoms, etc). A. Lilienfeld (Deutsche med. Wochenschrift, 27, 1898, p. 426).

A woman of forty-seven years began in 1894 to present, among other signs of hysteria, frequently repeated painful contractions of the abdominal muscles; later the condition developed which is known among the French as "diathèse ou état d'opportunite de contracture." She was unable to walk even a few steps, inasmuch as the slightest irritation, such as striking the foot against a stone or the corner of the bed, or an unexpected noise, caused spasm in both legs, with the production of the equinovarus position of the feet. The calf muscles were especially liable to be thrown into spasm. At times the shoulder muscles were involved, and the arm could not be raised or abducted, or the muscles of the fingers were affected. The contraction of the abdominal muscles alone produced pain. The spasms were easily overcome, but if no attempt was made to control them they persisted. A vigorous passive movement of the part in the direction opposite to that of the contraction, or vigorous use of the faradic current, was usually sufficient. Hypnotism was most effective, and rendered the patient much less susceptible to spasm, but did not produce permanent results. The handwriting, which was almost illegible, became temporarily very distinct by the employment of hypnotism. The patient had great difficulty in speaking, on account of spasm of the tongue, and at times was unable to utter a word. SPILLER.

45. PARALYSIÉ RADICULAIRE INFÉRIEURE DU PLEXUS BRACHIAL; AUTOPSIE (Paralysis of the Inferior Branch of the Brachial Plexus; Autopsy). M. Apert. (La Medecine moderne, 9, 1898, p. 471).

M. Apert presented to the Société Médicale des Hopitaux the specimens from the autopsy of a man who had complete loss of power in the right arm for thirty-three years from an injury received by being run over by a wagon. He had previously been presented to the society to exhibit the remarkable atrophy which extended throughout the whole of the arm, forearm, and hand, except the long supinator, the deltoid, and the biceps. The triceps, the pectoralis major, the dorsalis major, were all atrophied. The patient had also the ocular difficulties described by Madame Dejerine, myosis, narrowing of the palpebral opening, and diminution of the pupillary reflex. The patient died of pulmonary tuberculosis, and upon examination the muscles of the arm, except those mentioned, were found completely degenerated, and transformed into fibrous tissue without a trace of muscular element. The nerve trunks at the first glance seemed healthy enough, but, upon section, the degeneration was observed to be complete, and they were almost like empty tubes. In the spine below the first dorsal vertebra no change was observed, but at the level of the first dorsal and of the eighth cervical, there was a diminution in the size of the right anterior cornu, and a great decrease in the number of cells in this column. At the level of the seventh cervical, there was complete disappearance of the stellate cells of the anterior horn. Above this, the structure again became healthy; there was no sign of sclerosis or of inflammatory processes. The white substance displayed no change nor the bulb and protuberance. In the left hemisphere of the cerebrum the ascending frontal convolution was considerably lessened in size, being only about half as deep as that of the opposite side. No sign of disease could be found, the condition being simply one of atrophy. The atrophy of these centers cannot be considered as due to an ascending degeneration at all, but simply as an atrophy from loss of function of an organ, favored by the age at which the injury to the arm took place.

MITCHELL.

46. CEREBELLAR LOCALIZATION. J. S. Risien Russell (Clinical Journal, 13, 1898, p. 5.)

Within the last six or eight years no one has done more to advance our knowledge of the cerebellum than has the above author, and many of the practical results of his investigations are epitomized in this lecture.

Clinically, cerebellar localization is one of the most perplexing problems that confront the diagnostician. Besides the difficulties inseparable from incomplete knowledge of this part of the brain, there is an added element of uncertainty in the fact that in cerebellar lesions in man we have, as a rule, to deal not only with defects consequent on destruction of cerebellar tissue, and which are strictly comparable to the effects which follow ablation of parts of the organ experimentally, but also with others the result of increase of intra-cranial pressure. The effect of increase of intra-cranial pressure is to distort the clinical picture by adding to it extraneous phenomena in no way dependent on the destruction of cerebellar tissue. This increase of pressure, however, oftentimes responsible for so much confusion, is not entirely an unmixed evil, but under certain circumstances some of its effects are important aids to diagnosis. The present lecture concerns only the signs which indicate the existence of a lesion of one lateral lobe, exclusive of involvement of the middle lobe.

Inco-ordination is the most striking feature noted after experimental ablation of one-half of the organ, and manifests itself in various ways.

Rotation:—At first all other modes of its manifestation may be subservient to rotation, the direction of which is best described in terms relating to a screw. In a right-sided lesion the rotation of a subject is in the direction of a right-handed male screw entering an object, while in a left-sided lesion the direction of rotation corresponds to that of a similar screw coming out of an object. This phenomenon does not always occur after experimental lesions, and is only exceptionally met with in man, a fact that is not surprising in that it is much less pronounced in the monkey than in the dog.

Titubation is always obvious when the tendency to rotation is sufficiently in abeyance to make sitting up or standing possible. The unsteadiness of the head on the trunk resembles closely that seen in disseminated sclerosis, and is increased by any attempt at voluntary move-